

# EMERGENCY AND HARD TO PLACE CHILDREN SURVEY

AGENCY:  
PROGRAM:  
DATE:

NAME:  
TITLE:  
PHONE:

This survey is meant to identify unmet needs of children requiring out-of-home placement. Information regarding two categories of children is being requested:

- Children who need emergency placement within 24 hours of request
- Children currently in care who need an alternative level of care

## PART I. CASE CATEGORY

Please X one:

? Emergency Placement (complete parts II, III & V)

? Alternate Placement (complete parts II, IV & V)

CASE CODE:      DOB    /    /     
                                 Mo Day Yr      First initial      Last initial

## PART II. CHILD PROFILE

1. AGE:      SPECIFY      2. GENDER:      MALE      FEMALE
3. ETHNICITY:      CAUCASIAN      AFRICAN AMERICAN  
                                 HISPANIC      NATIVE AMERICAN  
                                 ASIAN/PACIFIC      OTHER (SPECIFY)
4. CURRENT LIVING SITUATION AT TIME OF CRISIS:  
    PARENTS      FOSTER CARE      DIAG S/T      DETENTION  
    RTC      DFY FAMILY      GROUP HOME      OTHER (SPECIFY)  
    RTF      HOSPITAL      SHELTER
5. COUNTY OF CHILD'S ORIGIN:
6. SPECIFY THE CHILD'S CONDITION OR DIAGNOSIS, IF KNOWN. Check and enter all that apply.  
Please identify the primary condition or diagnosis (P) and all other secondary categories that apply (S).  
  
    Juvenile Justice Offender (DFY)      Serious Emotional Disorder  
    Delinquent (FC/PINS)      Chemical Dependency  
    Mental Retardation/Developmental Disab.      Other  
    Physical Disability
7. SEVERITY OF CHILD BEHAVIORS:  
(Please X along scale)      NA      Low      Med      High  
Delinquent/Antisocial Behavior  
Destructive of Property  
Dangerous to Self/Others  
Serious Emotional Disorder  
Substance Abuse  
Sexual Perpetrator  
Oppositional/Defiant  
Runs Away  
Special Physical/Health Needs

## PART III. EMERGENCY PLACEMENT

REFERRAL SOURCE:

REASON FOR REFERRAL: Why was this an emergency? Please describe the problem(s) and/or behaviors that resulted in referral to your agency, and why the child needed an emergency placement response.

DID YOU ACCEPT THIS CHILD FOR ADMISSION? If so, did the child fit within the agency population? Were extra resources needed to meet this child's needs? If so, what were they?

WERE YOU ABLE TO ACCEPT THIS CHILD? If so, what additional resources, if any, would have allowed you to meet this child's need?

What was the FINAL DISPOSITION of the case?

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#### PART IV. ALTERNATE PLACEMENT

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WHY ARE YOU UNABLE TO MEET THIS CHILD'S NEEDS?: Be as specific as possible.

WHAT ADDITIONAL RESOURCES, if any, would allow you to meet the child's needs?

LIST ALL ATTEMPTS TO REFER THE CHILD TO OTHER SERVICES/AGENCIES. What was the outcome of such referrals?

Would the availability of a RESPITE BED (up to 7 days) allow you to continue serving this child? Why?

In your opinion, what COMMUNITY RESOURCES need to be developed to meet this child's needs?

What are the CURRENT AGENCY PLANS for this child?

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#### PART V. COMMENTS

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Please provide any additional comments not discussed above, but that you feel are important to include or emphasize in order to better understand and/or respond to this case situation.